Type a plus sign (+) inside the	nis box ->	+]								
	partment of Commerce and Trademark Office	Attorney Docket N	lumber	1292						
		First Named Inven	itor	Van Jacobson						
DECLADATI	'ION	COMPLETE IF KNOWN								
DECLARATI	ION	Application Number	-							
Declaration OR		Filing Date	:							
Submitted OR with Initial Filing	Declaration Submitted after Initial Filing	Group Art Unit								
	i iida i iirig	Examiner Name								
As a below named Inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SYSTEM AND METHOD FOR EFFICIENT INPUT/OUTPUT OF A COMPUTER SYSTEM the specification of which (Title of the Invention)										
the specification of which (Title of the Invention) the specification of which (Title of the Invention) is attached hereto OR was filed on MM/DD/YYYY as United States Application Number or PCT International										
Application Number	a	and was amended on (MM/	 DD/YYYY)		(if applicable).					
Application Number and was amended on (MM/DD/YYYY) (if applicable). Application Number (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by amendment specifically referred to above. I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application for which priority is claimed.										
Prior Foriegn Application Country Number(s)		Foreign Filing [(MM/DD/YYY		Priority Not Clain	ned	Copy Attached? Yes No				
Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:										
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.										
Application Number(s) 60/261,599 60/261,598	Filing Date (MN 1/12/2 1/12/2	2001		Additional provisional application numbers are listed on a supplemental priority sheet attached hereto						

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DECLARATION

Page 2

designating prior United acknowledg	im the benefit unte United Stales or PCT ge the duty to dialele	ates of Ame Internation lisclose info	erica, list nal applic ormation	ted below an cation in the which is ma	nd, insofa manner paterial to p	r as the s provided l patentabil	subject by the lity as	ct matter e first pa s defined	of each of th ragraph of Ti in Title 37, C	ne claims of t itle 35, Unite Code of Fede	this applic ed States (eral Regul	cation is not di Code § 112. lations § 1.56	isclosed i	cation n the	
U.S. Parent Application Number					PCT Parent Number				Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)			
									`						
Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.															
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent Payor Payor															
Firm Nan	ne Innova	tion Par	rtners				Number (if applicable)								
Charle	Nam	ne			Registration Number			Name				Registration Number			
	es E. Gotlieb				38,1	64									
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	itional attorne	y(s) and/c	or agent	(s) named	on a sup	plement	al sh	eet atta	ched hereto).					
Pleas	se direct all cor	rresponder	nce to:	Name	Cha	rles E. (Gotli	ieb							
Address	540 Uni	versity A	venue												
Address	Suite 30	00													
City P	alo Alto						Sta	ate (CA			ZIP	94301		
Country US Telep					phone 650-328-0100					650-328	-2844				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon															
Name of	Sole or Fir	st Inven	itor:				A	petition	has beer	n filed for f	this uns	igned inver	ntor		
Given Name	1 V2n				Middle Initial			Family Name	Jacob	son		Suffix			
Inventor's Signature				2					Date			Jan 3, 2012			
RESIDENCE: City Woodside					State	State CA			Country US			Citizenship US			
POST OFFICE ADDRESS 12 Skyline Drive															
City Woodside State CA			Zip	Zip 94062			Country US			Applicant Authority					
Additional inventors are being named on supplemental sheet(s) attached hereto															